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SECRETARY OF STATE
AND AHASSEE FLORID

## **COVER LETTER**

		istration Sec sion of Corp				
SUBJEC	ΥТ.	Tacone Ston	e LLC			
SUBJEC			Name of Lin	nited Liability Company	<del> </del>	<del></del>
rease re	tuiii i	an correspon	Gregory Lindgren	to the following:		
				Name of Person		
			Taccone Stone LLC			
				Name of Person  tone LLC  Firm/Company  r Drive, Suite 9  Address  FL 32958  City/State and Zip Code  @gmail.com  E-mail address: (to be used for future annual report notification)  matter, please call:		
			9566 Gator Drive, Suite 9			
				Address	·	
			Sebastian, FL 32958			
			gglindgrenl@gmail.com	City/State and Zip Code	Code  Innual report notification)  646-2794  Daytime Telephone Number	<del></del>
			<del>-</del>	to be used for future annua	report notification)	<del></del>
For furthe	er inf	ormation cor	neerning this matter, please co	all:		
Amy S. L	indg	ren			646-2794	
		Name of I	Person		Daytime Teleph-	one Number
Enclosed	is a c	heck for the	following amount:			
<b>≅</b> \$25.0	0 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tacone Stone LLC					
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear: Liability Company)	s on our records.)			
the Articles of Organization for this Limited Liability Company	were filed on	07/23/2012	and assig	ned	
lorida document number L12000094661					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :			
accone Stone LLC					
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "LLC" or the	abbreviation "L.L.	c. <del>"</del>	
nter new principal offices address, if applicable:	9566 Gator Driv	e. Suite 9			
Principal office address MUST BE A STREET ADDRESS)	Sebastian, FL 32598				
				<del>_</del>	
They never modified address if applicables					
nter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)					
				<del></del> -	
. If amending the registered agent and/or registered office a	address on our re	cords, <u>enter the n</u>	ame of the new	<u>registe</u>	
gent and/or the new registered office address here:			SECRET TALLAH	-11	
Name of New Registered Agent:			OV II		
New Registered Office Address:			SEF CF	T	
	Enter Flor	ida street address	F ST		
	Cin	, Florida	7227 05	,	
	City		ZIP Code		

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amy S. Lindgren	9566 Gator Drive, Suite 9	≅Add
		Sebastian, FL 32958	□ Remove
			□Change
			□Add
			□Remove
			☐Change
<del></del>			ÜAdd
			Remove
			☐ Change
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			□Add
			□ Remove

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Gregory Lindgren		Steri	atare of a roundber or au	thorizon represer	ntative of a member		_
Strategy Territory			Gregory Lindgren				

Filing Fee: \$25.00